

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION

TO: Bryan Collier
Deputy Executive Director, TDCJ

DATE: November 17, 2011

THRU: Jackie Edwards, Director *[Signature]* 11/22/11
Administrative Review & Risk Management

THRU: Keith Clendennen *[Signature]* 11/17/2011
Manager II, Review & Standards

FROM: Russell Bailey *[Signature]*
Manager I, Monitoring and Standards

SUBJECT: **Follow-up** to Division-Level
Operational Review for the
Hutchins Unit

A division-level operational review was conducted at the Hutchins Unit during April 2011. At that time, there was a total of 78 findings (15 High + 63 Other) identified in various functional areas of the unit's operation. Unit management agreed and developed action plans to address the findings.

On November 9, 2011, Monitoring and Standards staff conducted a **follow-up** operational review. There were 4 Division-Level Action plans found incomplete (1 High + 3 Other). Please refer to the attached documents for details.

- Follow-Up Report;
- Division-Level Action Plans for the affected functional areas;
- Proponent Reports from the initial Division-Level Review.

XC: R.C. Thaler, CID Director
Bill Stephens, Deputy Director-Prison and Jail Management
Robert Eason, Region II Director
Jeffery Pringle, Warden
Tim Ault, Monitoring & Standards Coordinator
Proponents

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
DIVISION-LEVEL FOLLOW-UP
HUTCHINS UNIT

The Hutchins Unit received its division level operational review in April 2011. On November 9, 2011 a follow-up review of 78 Action Plans (15 high impact and 63 other) was conducted. A total of 4 Action Plans (1 'high' and 3 'other') remain unresolved as stated below.

Food Service

13.03 H --- Food temperatures were checked for a total of 4 food items in the offender dining rooms. The sweet potatoes were measured at 88 degrees and the carrots were measured at 137 degrees, below the required temperature for hot foods of 140 degrees.

Classification

1.05 C --- 69 of 202 offenders listed on the IUCR370 (Subsequent Review Report) contained incorrect subsequent review dates.

Intake Procedures

8.32 B --- Nine of nine secondary Beta Intelligence Test scores were not returned from the unit Psychologist to the Intake Department for entry into the IQ 10 screen.

8.40 --- 20 of 20 Consolidated Report Forms reviewed were not completed within 10 days of receiving the offender.

Submitted by:

Tommy Gattis by Russell B. Gattis
Tommy Gattis
Monitoring and Standards
11-15-11

DIVISION-LEVEL FOLLOW-UP
HUTCHINS UNIT**ATTORNEYS EYES ONLY**
Form I

FUNCTIONAL AREA	Applicable Checklist Questions		Number of Findings Identified by Proponents in <u>APRIL 2011</u> that required Corrective Action		Follow-Up Conducted <u>NOVEMBER 2011</u>			
					Corrective Action Taken *		Remain Uncorrected	
	High	Other	High	Other	High	Other	High	Other
I. Administrative Review & Risk Management	-	-	-	-	-	-	-	-
Access to Courts	0	26	0	4	0	4	0	0
Offender Grievance	1	18	0	1	0	1	0	0
Monitoring and Standards	-	-	-	-	-	-	-	-
- Offender Management	2	23	1	1	1	1	0	0
- Unit Accreditation (ACA)	0	4	0	0	0	0	0	0
Risk Management	7	8	3	0	3	0	0	0
Use of Force	0	9	0	2	0	2	0	0
II. Business and Finance	-	-	-	-	-	-	-	-
Accounting & Business Services	1	40	0	1	0	1	0	0
Agribusiness	1	6	0	0	0	0	0	0
Budget	0	13	0	1	0	1	0	0
Commissary & Trust Fund	0	15	0	0	0	0	0	0
III. Facilities	-	-	-	-	-	-	-	-
Environmental Branch	6	8	0	0	0	0	0	0
Maintenance	16	21	7	12	7	12	0	0
IV. Human Resources	0	71	0	2	0	2	0	0
V. Management Operations	-	-	-	-	-	-	-	-
Correctional Training	1	9	0	3	0	3	0	0
Plans and Operations	-	-	-	-	-	-	-	-
- Offender Property	1	7	0	2	0	2	0	0
- Comm/Public Work Pr	0	3	0	0	0	0	0	0
- Offender Suicide	4	0	0	0	0	0	0	0
Safe Prisons	3	12	0	0	0	0	0	0
VI. Manufacturing & Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VII. Prison & Jail Operations	-	-	-	-	-	-	-	-
Security Systems - Staffing	0	11	0	1	0	1	0	0
- Armory	0	19	0	0	0	0	0	0
VIII. Rehabilitation Programs Division	-	-	-	-	-	-	-	-
Chaplaincy	0	16	0	1	0	1	0	0
IX. Support Operations	-	-	-	-	-	-	-	-
Classification - General Issues	2	39	0	6	0	5	0	1
- Intake Procedures	1	55	0	7	0	5	0	2
- Offender Mail	0	14	0	0	0	0	0	0
Off Disp Coord - Coun Sub/Off Disc	4	20	1	4	1	4	0	0
- Spanish Lang Asst	0	8	0	0	0	0	0	0
Food/Laundry/Supply - Food Service	4	28	2	7	1	7	1	0
- Laundry Service	3	12	0	1	0	1	0	0
- Unit Supply	2	9	0	0	0	0	0	0
- Barber/Beauty Shops	3	11	0	1	0	1	0	0
X. Windham School District	-	-	-	-	-	-	-	-
Education	3	22	1	5	1	5	0	0
Non-Programmatic Activities	0	14	0	1	0	1	0	0
➤ TOTALS	65	571	15	63	14	60	1	3

APPENDIX 1132

McCOLLUM 07406

ATTORNEYS EYES ONLYDEPARTMENT / FUNCTIONAL AREA: Facilities (Maintenance)MANUAL CHAPTER AND SECTION REFERENCE: Chapter III Section 10-19**Finding 1: 10.01A-C**

- 10.01A Of the one hundred randomly selected work orders reviewed, seven CM's and nine PM's work orders had incorrect completion dates. Examples of these deficiencies are provided below:*
- 10.01B Three CM's did not have a short detailed description of work performed.*
- 10.1C One CM did not have parts/materials charged to the work order or note other source (i.e. bench stock)*

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data Entry's are reviewed weekly by the office coordinator (R. Bain) or myself (J. Pugh) continue training with the coordinator and office clerks.	J. Pugh	04/15/11	04/15/11
2.	Ensure work orders descriptions are being entered correctly into CMMS spot checks entries. Ensure CMMS Data Entries include Dates, Description and material used.	J. Pugh	04/15/11	04/15/11
3.	Approximately 10% reviewed weekly by the office Coordinator or supervisor and an email will be sent to HJ administration stating the entries were checked for accuracy.	J. Pugh	07/01/11	07/01/11

Finding 4: 12.01 H A-B

✓ 12.01A Weekly emergency generator PM's were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

✓ 12.01B Monthly emergency generator PMs were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Instructed office coordinator to ensure work orders close dates are the same as the labor date. Monitor all CMMS Data, ensure technician is closing PMs in proper time frame.	J. Pugh	04/15/11	04/15/11
2.	Additional training will be given to all Technicians on reading of and priority coding on PMS.	J. Pugh	04/15/11	04/15/11

Finding 5: 12.02 B

✓ 12.02HB All emergency generators did not have coolant tested or changed as required. The following deficiencies were:

X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure PM Time Frames and Tasks are met. Open work orders to change coolant in Emergency Generators.	J. Pugh	04/15/11	04/15/11
2.				
3.				

ATTORNEYS EYES ONLY**Finding 2: 11.01A-B**

✓ 11.01A Six inventory item quantities in CMMS did not agree with actual on hand quantities. Examples of these deficiencies are provided below:

✓ 11.01B Seven inventory item storage locations in CMMS did not agree with actual storage locations. Examples of these deficiencies are provided below:

X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Restricted access to warehouse, run weekly cycle.	J. Pugh	07/01/11	05/02/11
2.	Restricted access to warehouse, Unit Armory. Removed keys from technicians, key rings. Conduct weekly cycle counts, when the count is requested it will be given to staff member and reviewed or spot checked by office coordinator or myself.	J. Pugh	07/01/11	05/02/11
3.	This will be reviewed and an email sent to HJ Administration. IOC from Officer Roberts stating that she removed the keys. At present time we are generating a 75 item cycle count everyday. This count is being given to the person assigned to the warehouse and calculated daily. At 75 items per day in a month time, the entire warehouse will have been counted.	J. Pugh	07/01/11	07/01/11

Finding 3: 11.02A C

✓ 11.02A Four inventory items had no issue cost in CMMS. Examples of these deficiencies are provided below:

11.02B Two items had no stated location in CMMS. Examples of these deficiencies are provided below:

11.02C Four items had no stated storage in CMMS. Examples of these deficiencies are provided below:

X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is complete and correct on materials brought in.	J. Pugh	04/15/11	04/15/11
2.	Review CMMS Data/Warehouse locations CMMS Data/Cycle Counts	J. Pugh	04/15/11	04/15/11
3.	Ms. Bain has been instructed to run a monthly CMMS report to ensure all on hand items have a issue count and a valid storage locations	J. Pugh	04/29/11	04/15/11

Finding 6: 13.01H				
13.01H Sensitive tools stored in the Sensitive Tool Cage were not shadowed				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure tool rooms are properly shadowed. Update MTIL. Region Maintenance assisted with tool module in CMMS	J. Pugh	07/01/11	06/07/11
2.				
3.				

Finding 7: 13.02H				
13.02H C. Sensitive tools were not issued only by a designated employee. The following deficiency was identified:				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Tool Issue and inventory will be assigned monthly to a craftsman. In their absent, Mr. Pugh or Mrs. Bain will complete the work. Inventories will be reviewed weekly by the office administration and an email to the warden's office.	J. Pugh	07/01/11	06/01/11
2.				
3.				

Finding 8: 13.03H				
<input checked="" type="checkbox"/> 13.03H A The Master Tool Inventory List (MTIL) was not accurate. The following deficiencies were identified: 13.03H B All tools were not properly engraved. The following deficiency was identified: <input checked="" type="checkbox"/> 13.03H C Sensitive tools were not stored separately from non-sensitive tools. The following deficiencies were identified:				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	MTIL has been corrected to reflect 3.19 non sensitive tools relocated.	J. Pugh	04/15/11	04/15/11
2.	Review Tool room inventories, spot check carts and tool rooms.	J. Pugh	04/15/11	04/15/11
3.	Co-Mingling of tools / sensitive and non corrected - review 3.19	J. Pugh	04/15/11	04/15/11

Finding 9: 13.04H				
<input checked="" type="checkbox"/> 13.04H Documentation of twice daily inspections. The following deficiencies were identified:				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Tool Inventories are maintained properly. Monthly assignments and rotation of craftsman for being responsible for inventories and issue of tools from shared locations.	J. Pugh	04/15/11	04/15/11
2.	In the event of scheduled day off or call in, the task of inventory and issue will be assigned. The technician will initial under the column for the day they were issued.	J. Pugh	04/15/11	04/15/11
3.				

ATTORNEYS EYES ONLY

591+001

Finding 10:13.05H				
13.05H E Tools were not approved for destruction by the Warden or designee prior to destruction. The following deficiency was identified:				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	IOC Placed in destruction log book stating Jerry R. Pugh Maintenance Supervisor as the designee to approve destruction.	J. Pugh	04/15/11	04/13/11
2.				
3.				

7099-TOOLAZA03
Landy Cooper

Finding 11: 14.02				
14.02A All replaced equipment was not retired in the Equipment Files and all replacement equipment was not established (set up) in the Equipment Item Files. The following examples from a total of fifteen deficiencies (items replaced with new/replacement equipment but the items replaced were not retired in the Equipment Item Files):				
14.02B Equipment Item Files were not inclusive of all costs and did not reflect a complete history equipment. The following examples from a total of sixteen deficiencies were identified (Corrective Maintenance work orders coded to general unit codes "UNT", "HVS" and "PLB" instead of the specific Automated Maintenance System Equipment Item Codes):				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is being updated and replaced equipment retired.	J. Pugh	04/15/11	04/15/11
2.	Ensure CMMS Data is including dollars amount brought in with proper coding.	J. Pugh	04/15/11	04/15/11
3.	Office Coordinator will review 10% weekly to ensure accurate and complete Data is being entered.	J. Pugh	04/15/11	04/15/11

Finding 12: 14.03

14.03F Required TDCJ policies were not current and/or on hand in the maintenance department. The following deficiency is identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure TDCJ Policies are up to date. Office coordinator is to ensure that when new policy revisions are received they are placed in the office manual.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 13: 16.01

16.01 Purchased parts/tools/equipment were not brought into inventory. The following deficiencies were identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS entries are complete. Conduct additional training for both the office coordinator and offender clerks. Office coordinator will review 10% of data weekly.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 14:16.02

16.02C Two items were not charged to specific work orders. The following deficiencies were identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Office coordinator will review CMMS Data: 10% of Data will be reviewed weekly, Office coordinator will ensure proper coding and charging of material.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 15: 17.01

17.01 AD-84's were not being properly completed for each work day. The following deficiencies were identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Additional training to ensure 10-20 Officer is reviewing AD84s daily.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 16: 17.02

17.02 YWOLs were not being properly completed. The following deficiencies were identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure 10-20 Officer is conducting all required walkthroughs. Training on required logs and documentation.	J. Pugh	07/01/11	07/01/11
2.				
3.				

Finding 17: 19.02

19.02A CMMS numbers for four cameras did not agree with actual camera makings. The following deficiencies were identified:

19.02B Monitors are not showing clear viewable images from camera locations. The following deficiency was identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Camera numbers match CMMS Data.	J. Pugh	07/01/11	06/08/11
2.	Ensure to do training on reporting deficiencies	J. Pugh	04/15/11	04/15/11
3.				

ATTORNEYS EYES ONLY

Finding 18: 19.04

- ✓ 19.04B Food Service equipment not bolted to the floor requires a lanyard. The following deficiency was identified:
- ✓ 19.04C Food Service refrigeration equipment requires maintenance. The following deficiencies were identified:
- ✓ 19.04D Food Service refrigeration equipment not maintaining proper temperatures. The following deficiency was identified:
- ✓ 19.04H All Food Service gas fired equipment does not have posted required inspections. The following deficiency was identified:
- ✓ 19.04J All fire suppression caps were not in place as required. The following deficiency was identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	B- work order 11-3769, C-work orders 4860, 4862, 4863 D- work orders 4342, 4864	J. Pugh	04/27/11	06/01/11
2.	H- Contacted Dan Mullard at Region MT to request inspections	J. Pugh	05/02/11	04/15/11
3.	J- Cap was replaced / salvaged/ No work orders needed	J. Pugh	05/02/11	05/02/11

Finding 19: 19.06

- ✓ 19.06A Plumbing equipment was not free of leaks. The following deficiency was identified:

☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	A- Work Order 3771	J. Pugh	07/01/11	07/01/11
2.				
3.				

ATTORNEYS EYES ONLY

Unit: Hutchins
Date: 4/13/2011

J. M. Neville

III. FACILITIES (Maintenance)

10. WORK ORDER MANAGEMENT

NOTES:

1. Where instructed to review computer-generated documents (i.e., ADPICS, computerized management system, IMS, etc.), request assistance from the Unit Maintenance Supervisor or Office Administrator. Several questions note that a random sample of documents is to be selected based on the unit's maximum capacity: Small (323-899), Medium (900-2,399), or Large (2,400+). If unsure about the unit's capacity, refer to the 'Unit Profiles' published by Executive Services. [Any automated forms or systems used at state or privately operated units must mirror the forms issued and the system used by Facilities Division Maintenance.]
2. Section 14 (Maintenance Management), Items 14.01 and 14.02 only and Section 19 (Equipment Maintenance), all Items, are to be used only during the Division-Level Operational Reviews.

10.01 Compare the craftsman's copy (working copy) to the automated maintenance system copy (completed work order) to ensure the following information is correctly documented on both copies:
(FDM-01.09) (FDM-01.10) (FDM-05.26) [ACA 4-4013]

- A. Date Completed? YES ☒ NO N/A
11-1621, 11-1626, 11-1654, 11-1661
- B. Was short, detailed description of the work performed? YES ☒ NO N/A
11-1622, 11-2121, 11-2130
- C. Were all parts and materials issued from new parts inventory or other sources (i.e., bench stock, provided by Unit Supply, provided by Education, etc.)? YES ☒ NO N/A
11-1645, 11-2122
- D. Were additional labor or part charges from Region Maintenance or an outside workforce, to include the work order or reference number, noted? ☒ YES NO N/A
- E. Were applicable ADPICS numbers, IMS numbers or Procurement Card numbers for parts and materials noted? ☒ YES NO N/A

COMMENTS: (A) Dates don't match on above CM's (B) Bad or NO description on above CM's (C) NO parts charge on above CM's

METHODOLOGY: Randomly select completed corrective maintenance (CM) and preventive maintenance (PM) work orders as noted below for the previous three month period. Do not select any open work order or any work order closed for a reason other than being performed. Compare the craftsman's copy to the automated maintenance system copy, determine if all required information is contained on both copies of the same work order and determine if information on both copies of the same work order agree. Additionally, review the completed work orders (and RS-21's when appropriate) to verify all required information listed above is included.

- Small Units - 30 completed CM work orders; 20 completed PM work orders
- Medium Units - 45 completed CM work orders; 30 completed PM work orders
- Large Units - 60 completed CM work orders; 40 PM work orders

NOTE: Questions A - E above are in two parts. If either the craftsman's copy or the automated maintenance system copy is missing information, the response is NO. If information on the craftsman's copy and the automated maintenance system copy do not agree, the response is NO.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: Sutchins
Date: 4-13-11

11. INVENTORY MANAGEMENT

NOTE: This section applies to state-operated facilities only.

11.01 When comparing stock numbers between the automated maintenance system and physical on-hand inventory, do:
(Automated Maintenance System User Manual) (Facilities Division Management Requirement)
[ACA 4-4037]

- A. Automated maintenance system inventory part records provide an accurate quantity of the random inventory sampled? YES ☒ NO N/A
- B. Automated maintenance system inventory part records provide the accurate location of the random inventory sampled? YES ☒ NO N/A
- COMMENTS: See attached sheets

METHODOLOGY: A. Facilities (Maintenance) 1. Randomly select 15 warehouse part stock numbers from the automated maintenance system and compare the "Available" quantity in this system to a physical inventory count of the same items. Randomly select 15 additional inventory items and compare the physical count to the "Available" quantity in this system under warehouse part stock numbers. 2. Using the same 30 inventory items as in "A," compare the "Storage" listed in this system to the actual physical location. B. Operational Review Sergeants/TDCJ staff. 1. Record a physical count quantity and storage location for 30 separate randomly selected warehouse parts. 2. Compare on-hand quantities and storage locations with CMMS data (CMMS/Inventory/Warehouse Parts/Enter each stock number to verify correct quantity and storage location).

NOTE:

Verify any differences by reviewing RS-21s for inventory issued/received that had not been either entered in this system or placed into the warehouse stock.

11.02 Do all on hand inventory items in the automated management system:
(Automated Maintenance System User Manual) (Facilities Division Management Requirement)[ACA 4-4037]

- A. Have an issue cost? YES ☒ NO N/A
- B. Have a stated storage? YES ☒ NO N/A
- C. Have a stated location? YES ☒ NO N/A

COMMENTS: 150-15-21050-3 (Weld thread lock), 630-06-75026-7 (Clear Silicone Sealant), unable to locate

670-57-60000-1 (Sta put plumber putty) on shelf no location or quantity in CMMS

METHODOLOGY: A. Run Part List by Stock Number for $Q_AVAIL > 0$ and $ISSUE_COST < .01$ to verify all on hand items have an issue cost. B. Run Part List by Storage for $Q_AVAIL > 0$ to verify all on hand items have a storage location. C. Run Part List by Location for $Q_Actual > 0$ to verify all on hand items have a location.

NOTES:

1. Cost only applies to actual on hand inventory (quantity greater than "0").
2. Operational Review Sergeants/TDCJ staff must request the Unit Maintenance Supervisor/Office Administrator provide them a copy of reports in A, B, and C of the above Methodology.
3. Identify items without an issue cost, stated storage and stated location.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: HutchinsDate: 4/13/2012. PREVENTIVE MAINTENANCE (PM) MANAGEMENT Jim Neville

12.01H Are emergency generator PMs completed as required?

(FDM-05.06) [ACA 4-4218; ACA 4-4219]

A. Weekly?

YES ☒ NO ☐ N/A

B. Monthly?

YES ☒ NO ☐ N/A

COMMENTS:

(A) Two PM's not completed timely on P1010EMGO1
(B) Untimely PM's on P2010EMGO1 AND P4010EMGO1

METHODOLOGY: Through automated maintenance system records, determine quantity of stationary emergency generators. (A. Weekly) Review the PM records for the previous three month period for one-half of the stationary emergency generators. Verify that the PM tasks were performed within six calendar days of the scheduled start date. (B. Monthly) Review the PM records for the previous three month period for the remaining stationary emergency generators (the other half) not reviewed in A. above. Verify that the PM tasks were performed within the same month of the schedule start date.

12.02H. Within the past twelve calendar months, have all stationary emergency generators had:

(FDM-05.06) [ACA 4-4219]

A. Oil and oil filter changed and parts charged to the work order?

YES ☒ NO ☐ N/A

B. Coolant tested in the first year and second year and changed in the third year as applicable for the 12 month period under review and documented on a work order?

YES ☒ NO ☐ N/A

C. Fuel filters changed and parts charged to the work order?

YES ☒ NO ☐ N/ACOMMENTS: (B) Four of the Five EMG's have no documentation
showing coolant was changed or tested

METHODOLOGY: (A. - C.) Through automated maintenance system records, identify the work orders documenting that each of the above tasks has been completed for all stationary emergency generators during the last 12 calendar months. Additionally, review the craftsman's copy of these same work orders to verify that each of these tasks has been correctly documented.

12.03 Is preventive maintenance scheduled for mandatory and non-critical equipment and systems reviewed?

(FDM-05.06) [ACA 4-4218; ACA 4-4219]

YES ☒ NO ☐ N/A

COMMENTS: _____

METHODOLOGY: Obtain copy of the automated maintenance system Report "Check - Equipment with No PM Schedule," and verify PM linked and active on mandatory and non-critical equipment and systems to include replacement, new, or additional equipment. Note equipment with no PM Schedule and/or not linked or not active as required.

ATTORNEYS EYES ONLY

4/8/13

Jim Neville

III. MAINTENANCE (Facilities Division); 12. Preventive Maintenance (PM) Management

12.04 Has quarterly preventive maintenance been performed and documented for the following:
(FDM-05.06) [ACA 4-4218]

- A. Pressure Reducing Valve, Gas/Air Sub-Station - 1544-PRV03Q?
- B. Underground Gas Lines - 1545-GSL01Q?
- C. Above Ground Gas Lines - 1546-GSL02Q?

<input checked="" type="radio"/> YES	NO	N/A
<input checked="" type="radio"/> YES	NO	N/A
<input checked="" type="radio"/> YES	NO	N/A

COMMENTS: _____

METHODOLOGY: Review the previous four quarters of PMs for 10 % or not less than 1 of the PRVs and all of the gas lines to ensure all required PM tasks have been conducted, properly documented, and that the Craftsman and Unit Maintenance Supervisor signed and dated the documents. These quarterly PMs must be completed within three months of the scheduled start date.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: Stitching
Date: 4-14-11

13. TOOL MANAGEMENT

13.01H Are shadow boards in place and properly configured?

YES ☒ NO ☐ N/A

(AD-03.19) [ACA 4-4196M]

COMMENTS:

55' Nylon rope in hot room not shadow board, no tag for number not on MTR, Sensitive cage not shadowed

METHODOLOGY: Verify that common and sensitive tool room shadow boards are in place, where space permits, to offer quick and accurate tool accountability. Verify that each tool on the shadow board is "shadowed" and that in instances of multiple tools hanging on one peg, only like tools are hung together and the total number of these tools noted.

NOTE: It is not a requirement for the tool number to be on the shadow board; however, if a number is displayed, verify that it matches the number engraved on the tool.

13.02H Are Sensitive and Non-Sensitive/Common Tool Checkout Logs maintained per TDCI policy?

(AD-03.19) [ACA 4-4196M]

A. Does the department utilize separate Tool Checkout Logs for sensitive and non-sensitive/common tools?

YES ☒ NO ☐ N/A

B. Are Tool Checkout Logs properly completed?

YES ☒ NO ☐ N/A

C. Are sensitive tools only issued by a designated employee?

YES ☒ NO ☐ N/A

COMMENTS:

Per AD 03.19 (rev 3), Section II B no one specifically designated for sensitive room

METHODOLOGY: Review Common and Sensitive Tool Check Out Logs for the past 30-days including the logs for the day of the audit. A. Verify that separate logs are used for the issue and return of Common and Sensitive Tools. B. Verify entries on both logs are complete (i.e., date; requester's printed name; tool description; unique number of tool; time and date of issue with signed initials; and time and date of return with signed initials).

13.03H For each of the 30, 60, or 90 tools checked (see Note below to determine sample size):

(AD-03.19) (FDM-05.19) [ACA 4-4196M]

A. Is the master tool inventory list accurate?

YES ☒ NO ☐ N/A

B. Are all tools properly engraved?

YES ☒ NO ☐ N/A

C. Are sensitive tools stored separately from non-sensitive/common tools in a locked, secured location where offenders do not have access or where there is constant staff supervision?

YES ☒ NO ☐ N/A

COMMENTS:

A. In sensitive room tool #'s 725, 718A, & 723 in sensitive room has no. Should be listed & corrected during audit to tool by location

METHODOLOGY: A. Verify accuracy through comparison of checked tools with tools on the master tool inventory list. B. Verify tools are engraved with Unit/Division Identification Number (51), Department Number (1) and Tool Number (1). [Example: Unique Tool Number 51-1-1]. C. Verify sensitive and non-sensitive/common tools are properly stored.

TOOL BOX;
HOT ROOM
Sensitive
NO
Should be
Yes

B. TN# 942 - lanyard engraved correctly one end wrong other
A. TN# 1262A on MTR does not agree with tool
Smith C. coming in list of tools

III. FACILITIES (Maintenance); 13. Tool Management

NOTE: The purpose of Question 13.03H is to ensure agreement between actual "on-hand tools" and the unit's master tool inventory list. The number of tools checked is based on the size of the unit's total tool inventory, as noted below:

- Small inventory (less than 1,000 tools) - Check 30 total tools (on a 10/10/10 basis); or
 - Medium inventory (1,000 - 1,999 tools) - Check 60 total tools (on a 20/20/20 basis); or
 - Large inventory (2,000+ tools) - Check 90 total tools (on a 30/30/30 basis).
- **First** - Using the 'master tool inventory list', randomly select 10 tools from the master tool inventory list for 20 or 30, as appropriate and compare with the 'on-hand tools'; then
- **Second** - Randomly select 10 different tools from the 'on-hand inventory' for 20 or 30, as appropriate and compare with the 'master tool inventory list'; then
- **Third** - Randomly select 10 different tools from the 'on-hand inventory' of one or more tool boxes for 20 or 30, as appropriate and compare with the 'master tool inventory list.'

13.04H Is the Maintenance Department documenting twice daily visual inventories of tool rooms?

YES ☒ NO ☐ N/A

(AD-03.19) [ACA 4-4196M]

COMMENTS:

*Sensitive Hot Room + Non Sensitive
logs errors on 4-13, 14, 15*

METHODOLOGY: Review records documenting twice daily visual tool inventories for tool rooms during the past 30 days, including the last work day prior to the audit date.

13.05H Are damaged, broken or unserviceable tools:

(AD-03.19) [ACA 4-4196M]

A. Secured in a locked storage container?

YES NO ☒ N/A

B. Stored with cutters removed/disabled?

YES NO ☒ N/A

C. Identified on the Tool Destruction Log?

☒ YES NO N/A

D. Destroyed within one month after the "Date Placed Destruction Box/Taken Out of Service on the Tool Destruction Log?"

☒ YES NO N/A

E. Approved for destruction by the Warden or designee prior to destruction?

YES ☒ NO ☐ N/A

COMMENTS:

*No Warden's sig on dest log or
dest 3-31-11, 6-1-10, 5-11-10*

METHODOLOGY: Verify the storage container is locked. Verify all tools in the locked storage container are recorded on the Tool Destruction Log. Verify that all required entries on the Tool Destruction Log are completed. Confirm tool destruction approval was granted in writing by the Warden or designee prior to the destruction date. Confirm that the tool destruction was within completed one month after the "Date Placed Destruction Box/Taken Out of Service."

13.06H Do employees maintain a supplemental list of tools checked out from the sensitive or non-sensitive/common tool rooms until those tools are returned (e.g., specialty tools for a specific job)?

YES ☒ NO ☐ N/A

COMMENTS:

*Supplemental sig
Electrician had a ladder on*

METHODOLOGY: Verify employees have a supplemental list for all specialty tools checked out from the sensitive or non-sensitive/common tool rooms.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: HutchinsDate: 4/8/201114. MAINTENANCE MANAGEMENT Jim Neville*Note: Items 14.01H and 14.02 are for Division-Level Operational Review Only*14.01H Are expenditures for employee housing reflected on the Employee Housing Log?
(ED-10.06) [ACA 4-4037]YES ☒ NO ☒ N/A ☐COMMENTS: Not on Unit

METHODOLOGY: Review the automated maintenance system "Buildings & Locations" list to ensure employee housing locations on the fixed asset run are shown and are coded to appear on the Employee Housing Log (BOQs are not included in this review). For the current and previous fiscal years, review the following automated maintenance system reports to verify all expenditures for employee housing are included on the Employee Housing Log: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500; Parts Issued Without a Work Order; Open Work Order Log; direct replacement and MWRs closed in the current and previous fiscal years.

(NOTE: The Hamilton Unit will track employee housing at the Buffalo Ranch.)

14.02 Are automated maintenance system Equipment Item Files:
(FDM-01.02) (FDM-05.06) [ACA 4-4037]

A. Established for each replacement, new or additional item of equipment and system requiring preventive maintenance within 21 calendar days following installation?

YES ☐ NO ☒ N/A ☐

B. Inclusive of all costs in order to reflect a complete equipment history?

YES ☐ NO ☒ N/A ☐COMMENTS: (A) CMR's 09, 01, 03, 10 Replaced + Not Retire
(B) 1-6188 Code to HCB not BFP, 1-5064 coded to UNT
Not AHC

METHODOLOGY: A. - B. Review the previous two months of reconciled Procurement Card purchases and MWRs for replacement, new or additional equipment/systems as well as direct replacement(s) which require(s) preventive maintenance since the last audit. Also review automated maintenance system reports: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Greater Than/Equal to \$500; Parts Issued Without a Work Order; and Open W/O Log.

14.03 Does the department have the following required TDCJ policies and are they current?
(Facilities Division Management Requirement) [ACA 4-4013; ACA 4-4014]

A. Facilities Division Maintenance Standard Operating Policies Manual & Updates - Available from Facilities Maintenance Department Headquarters

YES ☐ NO ☐ N/A ☐

B. ED-10.06 (Construction, Maintenance, Renovations or Alterations of TDCJ Facilities) - Available on TDCJ Mainframe Infopac

YES ☐ NO ☐ N/A ☐

C. AD-03.19 (Control of Tools/Sensitive Items) - Available on TDCJ Mainframe Infopac

YES ☐ NO ☐ N/A ☐

III. FACILITIES (Maintenance); 14. Maintenance Management

- | | | | |
|--|---|-----------------------------|------------------------------|
| D. AD-10.20 (Identifying & Reporting Facility Maintenance Requirements) - Available on TDCJ Mainframe Infopac | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| E. TDCJ Procurement Card Manual - Available on TDCJ Mainframe Infopac | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| F. Facilities Division Preventive Maintenance Program Manual & Updates - Available from Facilities Maintenance Department Headquarters | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| G. Facilities Division Guide Line For Managing Projects Constructed By The Maintenance Department | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

COMMENTS:

(F) The 2530-GTPOIQ Grease Trap PM was not updated to the mandatory 1530-GTPOIM, PM

METHODOLOGY: Review each publication to determine if it is current. **A.** Prior to the review, go to TDCJ Intranet, select Facilities Division web site, click on Policies, select Maintenance SOPs, Click on FDM Table of Contents & print copy. If TDCJ Intranet is not available, contact Facilities Maintenance (936/437-7342) and request a copy of this index. Compare index, including revision dates, with each on-hand FDM to verify it is current. **B. - E.** Prior to the review, go to TDCJ Mainframe Infopac and print 1st page of each policy/manual. Compare revision dates on these pages with each on-hand policy/manual to verify it is current. **F.** Prior to the review, contact Facilities Maintenance (936-437-7342) and request a copy of the PM Manual Table of Contents by Subject. Compare this with the on-hand Table of Contents by Subject to verify it is current. Per FDM-05.06, the PM Manual is not complete unless a copy of the unit developed and Region reviewed annual PM Schedule is filed in the manual. Written verification of Region review is required **G.** Initial distribution by Facilities Maintenance at the time of the Division Level Operational Review & a maintenance department responsibility thereafter.

14.04 Does the department have a Generator Refueling Plan that includes: (FDM-05.24) [ACA 4-4216]

- | | | | |
|---|---|-----------------------------|------------------------------|
| A. Amount of fuel consumed under ¼ load per hour? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| B. Fuel tank capacity? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| C. Resources available for refueling? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

COMMENTS:

METHODOLOGY: Verify plan complies with TDCJ policy to include **A.** Amount of fuel consumed under ¼ load conforms to standards in FDM-05.24, (Attachment A). **B.** Fuel tank capacity is properly computed ($H' \times W' \times L' = \text{cu. ft.} \times 7.48 = \text{Gallon Capacity}$). **C.** Description of resources available to transfer fuel from a refueling source to individual generators (i.e., tractor, fuel trailer, bulk tank, etc.) and estimate as to the time required to obtain replacement fuel.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: HutchinsDate: 8/13/2011

15. REFRIGERANT MANAGEMENT

Jim Nevitt

- 15.01H Is refrigerant stored in a secure area preventing access by unauthorized personnel?
(FDM-05.09) [ACA 4-4215M]

☒ YES ☐ NO ☐ N/A

COMMENTS: _____

METHODOLOGY: Inspect all refrigerant storage areas. Check to ensure all disposable and recovery cylinders are secured. Unauthorized personnel are defined as offenders and other than unit maintenance staff. A secure area is defined as behind lock and key.

- 15.02H Are all non-disposable recovery cylinders hydrostatically tested every five years?
(FDM-05.09) [ACA 4-4215M]

☒ YES ☐ NO ☐ N/A

COMMENTS: _____

METHODOLOGY: Inspect all recovery cylinders and verify the most recent hydrostatic testing date is within the last five years. The date should be stamped on the collar of the cylinder (not the cylinder itself). (NOTE: Disposable one time use recovery cylinders do not require testing.)

- 15.03 H Does each disposable refrigerant cylinder issued to working stock have:
(FDM-05.09) [ACA 4-4215M]

- A. A unique number issued in a numeric sequence and ending with the type of Refrigerant (i.e., 98-1-R22, 98-2-R22, etc.) that is marked on the cylinder with a permanent type marker?

☒ YES ☐ NO ☐ N/A

- B. A separate Refrigerant Usage Log (RS-249)?

☒ YES ☐ NO ☐ N/A

- C. Copies of work orders attached to Refrigerant Usage Logs documenting the use of refrigerant?

☒ YES ☐ NO ☐ N/A

COMMENTS: _____

METHODOLOGY: Inspect disposable refrigerant cylinders and review Refrigerant Usage Logs that were completed within the past six months. A. Verify that cylinders are marked in permanent marker with the "fiscal year - sequence number - type of refrigerant" (Example: 10-1-R22). The cylinder itself must be numbered not the shipping container. B. Verify that, on other than full cylinders, an RS-249 is maintained on each disposable cylinder (with the prescribed number noted on the log). Also check to verify the Craftsman and Maintenance Supervisor have both signed the RS-249 once a zero balance is reached. If the weight of the cylinder plus contents was noted in the initial log entry, the zero balance on the last log entry must be the weight of the cylinder less contents. If the cylinder contents only was noted in the initial log entry, the balance on the last log entry must be "Ø."

ATTORNEYS EYES ONLY

Hutchins
4/13/2011
Jim Neville

III. FACILITIES (Maintenance); 15. Refrigerant Management

15.04 H Do all staff and offender technicians who perform work on HVAC sealed systems have the required Environmental Protection Agency (EPA) certification? (FDM-05.09) [ACA 4-4215M]

YES	NO	N/A
-----	----	-----

COMMENTS: _____

METHODOLOGY: Employee technicians are required to have their certification card (or a copy) in their possession at all times while offender technician certification cards must be on file in the maintenance department. At a minimum, technicians (staff and offenders) must have both Type I and II EPA-approved recovery certifications (one or the other is not sufficient to meet the requirement of FDM-05.09). At Units where low-pressure systems are utilized, technicians must have a Universal certification. (i.e., Jester IV, Montford, Estelle, Young, Wynne, and Marlin VA).

15.05 H Are disposition reports properly prepared for each refrigerant recovery to include: (FMD-05.09) [ACA 4-4215M]

- A. RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) for non-contaminated refrigerant?
- B. RS-251 Refrigerant Disposition Report (Attachment C, FDM-05.09) for contaminated refrigerant?
- C. Recovered Refrigerant (Attachment D, FDM-05.9 for contaminated or non-contaminated refrigerant?

YES	NO	N/A
-----	----	-----

YES	NO	N/A
-----	----	-----

YES	NO	N/A
-----	----	-----

COMMENTS: _____

METHODOLOGY: A. Verify the RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) is completed when non-contaminated refrigerant is recovered from a sealed system and not re-used in the same sealed system; ensure all required entries are completed on the form. B. Verify that the RS-251 Refrigerant Disposition Form (Attachment C, FDM-05.09) is completed when contaminated refrigerant is recovered from a sealed system and ensure all required entries are completed on the form. C. Verify that if the Recovered Refrigerant is not used in the same sealed system within 72 hours, that a disposition report (Attachment D, Stock #615-51-05179-2) is completed and attached to the cylinder.

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit:

Date:

Hutchins

4/14/11

16. PROCUREMENT CARD MANAGEMENT

NOTE: This section applies to state-operated facilities only.

NOTE: In order to address all the questions in this Section, you must review reconciled procurement card statements and supporting documentation for the past two months excluding the month of the review.

- 16.01 Were parts/tools/equipment/materials purchased brought into inventory?
(Automated Maintenance System User Manual) [ACA 4-4037]

YES ☒ NO ☐ N/A

COMMENTS: 3 items on the 2/7/11 statement were not brought into inventory + 1 item on the 3/7/11 was not brought into inventory

METHODOLOGY: Verify that parts/tools/equipment/materials were brought into inventory.

- 16.02 Does the department ensure that each item purchased:
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11) (FDM-05.09) (FDM-05.11)
[ACA 4-4037] [ACA 4-4038]

- A. Is an authorized item?
B. Had prior documented Facilities Division Maintenance Headquarters authorization, if required?
C. Is compatible with the detailed description on the associated work order?
Note: This question applies only to items not purchased for stock.
D. Is documented on a Material Request Form FDM-01.01, Attachment A, (Rev. 02) November 01, 2009.

YES ☒ NO ☐ N/AYES ☒ NO ☐ N/AYES ☒ NO ☐ N/AYES ☒ NO ☐ N/AYES ☒ NO ☐ N/AYES ☒ NO ☐ N/A

COMMENTS: (B) No Doc. within random samples needed Auth.
(C) Not charged to w/o 2 items

METHODOLOGY: A. Review the 'unauthorized item list' in the current Maintenance Procurement Card Program General Information Guide to verify none of the items purchased is on the list and the items purchased were legitimate to the department function. B. Review files to verify that prior Facilities Maintenance authorization was obtained for refrigerant (commodity code 740-55) and commercial or security locking hardware (commodity codes 450-55 and 680-72) prior to the purchase. E-mail authorization is acceptable. C. Compare the detailed description of work on the associated work order for the specific item purchased to determine if it is compatible (i.e., pane of glass to repair a broken window but not gravel to repair storage building roof).

NOTE: Use the same group of records selected for 16.01 above.

- 16.03 Does each reconciled monthly statement reviewed have supporting documentation for each transaction?
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11) (FDM-05.09) (FDM-05.11)
[ACA 4-4037] [ACA 4-4038]

YES ☒ NO ☐ N/A

COMMENTS:

METHODOLOGY: Review credit card statements and supporting documentation. Verify that the following supporting documentation is available in the department for each transaction: Charges: any of the following - receipt, invoice, packing slip, picking ticket or any other vendor supplied document that provides an itemized listing of items purchased. A vendor's stock number is acceptable as an itemized listing. If the vendor does not supply any documentation for transactions, the "Telephone Order Form" is an acceptable substitute. Credits: Any documentation noting the source of or reason for the credit is acceptable. Examples include credit slip supplied by the vendor, a copy of the original charge with a notation detailing the returned item(s) and/or a copy of the disputed charge form.

ATTORNEYS EYES ONLY

4-13-11

III. FACILITIES (Maintenance)

17. AD-10.20 PROGRAM MANAGEMENT

NOTE: Randomly select three departments (one must be an offender housing location) and request their Yearly Work Order Log (YWOL), Daily Inspection Log (AD-84) and Weekly Maintenance Department Reports for the previous 30 days. Review these documents in order to respond to Checklist questions.

- 17.01 Are Daily Inspection Logs (AD-84s) properly completed for each workday? YES ☒ NO ☐ N/A ☐
(AD-10.20) [ACA 4-4218]

COMMENTS:

*Laundry & Security (D)
areas inspected not noted on
a daily basis*

METHODOLOGY: Verify the AD-10.20 Representatives are documenting their inspections and recording their deficiencies on the Daily Inspection Log (AD-84). A Daily Inspection Log (AD-84) is required for each workday. All columns, except those designated "Maintenance User Only," must be completed. Additionally, the signature of the staff member conducting the inspection must be included.

- 17.02 Are Yearly Work Order Logs (YWOLs) properly completed? YES ☒ NO ☐ N/A ☐
(AD-10.20) [ACA 4-4218]

COMMENTS:

*Super not signing YWOL on
a weekly basis Laundry, Food Serv &
Security*

METHODOLOGY: Verify the deficiencies reported on the Daily Inspection Log (AD-84) are also reported on the Yearly Work Order Log (YWOL). Verify the Work Order Number, Date Issued, Priority and Date Closed (when available) from the Daily Inspection Logs returned from maintenance are transferred to the Yearly Work Order Log. The Deficiency Description on the Yearly Work Order Log shall be similar to that on the Daily Inspection Log but does not have to be identical. Verify Department Supervisors document completion of weekly inspections by initialing the Yearly Work Order Log.

NOTE: With regard to Department Supervisor initials, weekly is defined as from Sunday to Saturday. Inspections can be conducted on Monday one week and on Friday the following week. While this period includes more than seven days, it is acceptable based on the above definition of weekly.

- 17.03 Does the Maintenance Department Annotate the Maintenance Use Only section of the department's Daily Inspection Log (AD-84) with the "Work Order Number, Date Issued" and "Priority" and return it to the department so that the information can be transferred to the Yearly Work Order Log? YES ☒ NO ☐ N/A ☐
(AD-10.20) [ACA 4-4218]

COMMENTS:

METHODOLOGY: Verify the Maintenance Department has recorded the Work Order Number, Date Issued and Priority for newly identified deficiencies in the Maintenance Use Only section of the department's Daily Inspection Logs (AD-84s) returned to the department AD-10.20 Representatives. Verify the Department Supervisor (Head) initialed the Yearly Work Order Log weekly.

Sevette

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: HutchinsDate: 4/13/2011

Jim Neville

18. MAJOR WORK REQUEST (MWR) MANAGEMENT

18.01H Are all major construction and alteration projects authorized?
(BP-10.05; ED-10.06) [ACA 4-4028]

☒ YES NO N/A

COMMENTS: _____

METHODOLOGY: Major construction and alteration projects are those with a cost of \$1,000 or more. For the time period since the last audit, review the following automated maintenance system reports for unauthorized major construction and alteration projects performed: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500.00; Parts Issued Without a Work Order; and Open Work Order Log. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior MWR approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.

18.02H Are all minor alteration or minor construction projects authorized?
(ED-10.06 [ACA 4-4028])

☒ YES NO N/A

COMMENTS: _____

METHODOLOGY: Minor alteration and minor construction projects are those with a cost less than \$1,000. These projects require a DM approved by the Regional Director. For the time period since the last audit, review the following automated maintenance system reports for unauthorized minor alteration and minor construction projects performed: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Less Than \$500.00; Parts Issued Without a Work Order; and Open Work Order Log. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior DM approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.

18.03 Are all unit initiated MWRs entered into the automated maintenance system MWR Projects File?
(ED-10.06) (Guidelines for Automated Maintenance System MWR) [ACA 4-4028]

☒ YES NO N/A

COMMENTS: _____

METHODOLOGY: Compare the CMS Major Projects report to the automated maintenance system MWR Projects file to ensure each MWR the unit submitted has been entered. MWRs which were not submitted by the unit are not to be considered in this review.

NOTE: Prior to review, request copy of the CMS Major Projects report from the Facilities Assessment Supervisor at Facilities Division Maintenance Headquarters (936-437-7342).

ATTORNEYS EYES ONLY

III. FACILITIES (Maintenance)

Unit: HutchinsDate: 4/13/11

19. EQUIPMENT MAINTENANCE

Section 19, Equipment Maintenance, is to be used for Division-Level Operational Review only.

19.01H MECHANICAL - Heating, Ventilation, and Air Condition (HVAC) Systems

Are Respiratory Isolation exhaust duct work warning labels at most 20 feet apart and at all floor and wall penetrations? *Note: This applies only to units with isolation cells.* YES NO (N/A)

NON-CRITICAL PM (2130-EXF01Q)

COMMENTS: No Neg. Air Pressure Isolation Rooms.

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the acronym "EXF" - Exhaust Fans and randomly check one biohazard exhaust fan to determine response to the above question. Visual inspection required.

Number of items checked will be a minimum of 10% but no less than 1.

19.02 ELECTRICAL - Security Surveillance Systems (Cameras, Monitors, Video Switching Units and Perimeter/Pole Mounted Lights)
(FDM-05.23) (FDM-05.28) NON-CRITICAL PM'S - CAMERAS, MONITORS (2355-TVM01S), AND VIDEO SWITCHING UNITS (2360-VSU01S)

- A. Are cameras identified and numbered in accordance with TDCJ policy? YES (NO) N/A
 B. Are monitors showing clear and viewable images from camera locations? YES (NO) N/A
 C. Are video switching units scanning programmed camera locations? (YES) NO N/A
 D. Are perimeter and pole mounted lights identified and numbered in accordance with TDCJ policy? (YES) NO N/A
 E. Are perimeter and pole mounted lights identified on a map developed by unit maintenance? (YES) NO N/A

COMMENTS: (A) 4 cameras Not marked properly +
(B) 1 monitor Non operational.

METHODOLOGY: A, B, C Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "CMR" - Camera, and randomly check various buildings for correct numbering in accordance with TDCJ policy, "TVM" - Television Monitor for viewable images, and "VSU" - Video Switching Units to ensure units are scanning programmed camera locations. A visual inspection is required. D, E Visually inspect perimeter/poles with mounted lights to verify numbers are stenciled in a contrasting color and large enough to be easily visible from the perimeter road or other observation point. Verify that a map identifying all perimeter/pole mounted lights is maintained by unit maintenance and confirm that the stenciled number and location of the visually inspected poles agrees with the information on the map.

A - C: Number of items checked will be a minimum of 10% but no less than 1.

D - E: Number of poles checked will be a minimum of 25%.

Kim Bowillion

ATTORNEYS EYES ONLY**III. FACILITIES (Maintenance) 19. Equipment Maintenance***Hutchins***19.03 ELECTRICAL - Electrical Switchboard Panels and Electrical/Mechanical Rooms (FDM-05.12 AND NEC)**

- A. Are covers and panels in place and secured? ☒ YES NO N/A
- B. Are panel schedules present and legible? ☒ YES NO N/A
- C. Are electrical or mechanical rooms clean and free of clutter or debris (nothing stored within required 36" clearance from panel)? ☒ YES NO N/A

OPTIONAL PM (0304-ESB01A)

COMMENTS: _____

*METHODOLOGY: Number of mechanical/electrical rooms will be a minimum of 10% but no less than 1.***19.04 MECHANICAL - Food Service and Ansul Suppression Equipment (FDM-05.02) (FDM-05.07)**

- A. Are exhaust hoods venting properly with filters, screens, and separators installed and clean? ☒ YES NO N/A
- B. Are lanyards in place on gas fired equipment (excludes equipment bolted to the floor)? *TOOK BRAOI NOT lanyard in place* YES ☒ NO N/A
- C. Are seals/gaskets serviceable? *all KETTLES NOT bolted to floor. w/b 209911003769*
- Ovens *TOOK FRG07 + TOOK FRG08* ☒ YES NO N/A
 - Refrigerators *NEED DOOR SWEEPS.* YES ☒ NO N/A
 - Freezers *TOOK FRZ01 NEEDS door seal + door sweep* YES ☒ NO N/A
 - Ice Machines and Bins *NO SEALS ON BINS* YES NO ☒ N/A
- D. Is refrigeration equipment maintained at proper temperatures?
- Walk-in Refrigerators 34° to 38° *TOOK FRG08 - 42°* YES ☒ NO N/A
 - Freezers 0° to -10° *TOOK FRZ01 - 11°* YES ☒ NO N/A
 - Pass-Thru Refrigerators 38° to 40° *DID NOT REVIEW* YES NO ☒ N/A
- E. Is/are ice machine(s):
- Operational and producing ice? ☒ YES NO N/A
 - Evaporator coils clean and free of rust? ☒ YES NO N/A
 - Bin clean and free of rust? ☒ YES NO N/A
- F. Are gas ranges clean, burners light properly and flame tip is blue in color? ☒ YES NO N/A
- G. Is the dishwasher utensil surface temperature 160° or higher as measured by an approved digital thermometer? ☒ YES NO N/A
- H. Are inspections current and posted for self-contained gas fired steam kettles? YES ☒ NO N/A *No inspection on all KETTLES*
- I. Is the suppression system unit exterior clean? ☒ YES NO N/A
- J. Is the suppression system nozzle position correct and arc caps installed? YES ☒ NO N/A *1 cap missing*
- K. Is the suppression system pull station accessible? ☒ YES NO N/A
- L. Is equipment free of water, steam, or gas leaks (Items A - K above)? ☒ YES NO N/A
- M. Is the fire suppression system UL 300 or later? ☒ YES NO N/A

MANDATORY PM (1410-ICE01M)

NON-CRITICAL PM'S (2420-EXH01Q, 2404-OVN01S, 2405-OVN02M, 2406-OVN02M, 2414-FRG01Q, 2415-FRG02Q, 2417-FRZ02Q, 2416-FRZ01Q, 2401-RNG02S, 2400-RNG01S, 2450-DSW01M, 2425-FSS01Q)

APPENDIX 1156

September 2010

*Kim Bowllion***McCOLLUM 07430**

Page 2 of 4

ATTORNEYS EYES ONLY

Hutchins

III. FACILITIES (Maintenance) 19. Equipment Maintenance

COMMENTS: _____

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the following acronyms: "EXH" - Exhaust Hood, "OVN" - Oven, electric, commercial, gas, revolving (lubrication), and gas, commercial, "RNG" - Gas Range, "FRG" - Refrigerator, stand alone, commercial, walk-in, commercial, "FRZ" - Freezer, stand alone, commercial and walk-in, commercial, "DSW" - Dishwasher, commercial, "KET" - Kettle, "FSS" - Fire Suppression System, Ansul, "ICE" - Ice Machine and randomly inspect equipment to determine responses to the above questions. Visual inspection required.

Number of items checked will be a minimum of 10% but no less than 1.

NOTE: Items A - L includes equipment located in all food preparation areas (i.e., trusty camp, high security, main building, etc.).

19.05 MECHANICAL - Laundry Equipment
(FDM-05.02)

A. Is equipment free of water, steam or gas leaks?

B. Are belts serviceable? OK

C. Are door seals/gaskets serviceable?

D. Is equipment free of hydraulic oil leaks?

E. Are bearings serviceable?

F. Is a lint collection system in place and serviceable?

NON-CRITICAL PM'S (2475-CLD02M, 2475-CLD01S, 2477-CLW01S, 2477-CLW02M, 2477-CLW02Q, 2480-LNC01S)

COMMENTS: _____

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the following acronyms: "CLD" - Clothes Dryer, "CLW" - Clothes Washer, and "LNC" - Lint Collector, and randomly check equipment to determine responses to the above questions. Visual inspection required.

- Number of items checked will be a minimum of 10% but no less than 1

19.06 PLUMBING - Water Heaters, Steam Boilers, Feed Water Tanks, Continuous Blow Down Assembly, and Deaerating Tanks
(FDM-05.15)

A. Is equipment free of leaks?

B. Are thermometers and pressure gauges serviceable?

C. Are potable water heater minimum temperature settings at 140°?

D. Are boiler inspections current and posted?

E. Are boiler safety(s) serviceable (low water alarm cut-off/continuous blow down assembly)?

F. Is the Boiler Log maintained (Attachment 2, FDM 05.15)?

MANDATORY PM'S (1215-BOL01A, 1205-BOL01S, 1216-BOL01M, 1216-BOL02A, 1216-BOL02S, 1213-CBA01S, 1214-DES01A)

NON-CRITICAL PM (2533-WTH01S, 2534-WTH02S, 2217-TNK01S)

APPENDIX 1157

McCULLUM 07431

ATTORNEYS EYES ONLY

Hutchins

III. FACILITIES (Maintenance) 19. Equipment Maintenance

COMMENTS: _____

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "WTH" - Water Heaters, "BOL" - Steam Boilers, "CBA" - Continuous Blow Down Assembly, - "TNK" - Feed Water Tanks, "DES" - Deaerating System, and randomly check equipment to determine responses to the above questions. A visual inspection is required. Number of items checked will be a minimum of 10% but no less than 1.

19.07 PLUMBING - Gas Distribution (FDM-05.25)

A. Is main gas line free of leaks?

☒ YES NO N/A

B. Are Pressure Reducing Valves and associated gas lines free of leaks?

☒ YES NO N/A

C. Are gas lines properly labeled and color coded?

☒ YES NO N/A

**MANDATORY PM'S - GAS LINES UNDERGROUND (1545-GSL01A), PRESSURE REDUCING VALVES GAS/AIR SUBSTATION (1544-PRV03A)
NON-CRITICAL PM - GAS LINES ABOVE GROUND (2546-GSL02S)**

COMMENTS: _____

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "GSL" - Gas Lines and "PRV" - Pressure Reducing Valve (gas only), and check equipment to determine responses to the above questions. C. Verify gas lines are identified by color coded labels (black letters on yellow background). A visual inspection as well as use of a combustible gas detector is required.

A. Check a minimum of one main gas line.

B-C Number of items checked will be 10% but no less than 1.

Kim Bonillion
H/13/11

DEPARTMENT / FUNCTIONAL AREA: Risk ManagementMANUAL CHAPTER AND SECTION REFERENCE: Chapter I Section 8**Finding 1: 8.02H (D)***There are 8 RAC 2 deficiencies in the maintenance department 2 in the Food Service Dept. and one in the medical Dept.:*☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
✓ 1.	Damaged Cords to angle grinders #841 and #941 have been repaired.	Roy Storie	04/15/2011	04/15/2011
✓ 2.	Fluorescent lighting in the maintenance department have been fitted with protective sleeves/guards.	Roy Storie	04/15/2011	04/15/2011
✓ 3.	Cord to battery charge unit in tool room repaired.	Roy Storie	04/15/2011	04/15/2011
✓ 4.	Missing knockouts to electrical boxes in the carpentry shop has been replaced.	Roy Storie	04/15/2011	04/15/2011
✓ 5.	Conduit for lights over cabinet in carpentry shop has been repaired.	Roy Storie	04/15/2011	04/15/2011
✓ 6.	Light removed from pedestal drill press in the welding shop and chuck return mechanism repaired.	Roy Storie	04/15/2011	04/15/2011
✓ 7.	Missing safety guards fabricated and installed on pedestal grinder in the weld shop.	Roy Storie	04/15/2011	04/15/2011
✓ 8.	Compressed gas cylinders reorganized and staked according to safety regulations. Barrier wall extended.	Roy Storie	04/15/2011	04/15/2011

Finding 1 : 8.02 H (D)*2 deficiency in the medical and food department*☒ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Gas operated equipment in the Food Service Department has been bolted down or safety cables have been attached.	Roy Storie	04/15/2011	04/15/2011
2.	The emergency releases for the bakery vault have been refurbished or replaced.	Roy Storie	04/15/2011	04/15/2011
3.	Additional training has been given to UTMB medical personnel pertaining to the Sharps Cabinet.	Roy Storie	04/15/2011	04/15/2011

ATTORNEYS EYES ONLY

DEPARTMENT / FUNCTIONAL AREA: Risk ManagementMANUAL CHAPTER AND SECTION REFERENCE: Chapter I Section 8

Finding 1: 8.02H (D)				
<i>There are 8 RAC 2 deficiencies in the maintenance department 2 in the Food Service Dept. and one in the medical Dept.:</i>				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED	
1. Damaged Cords to angle grinders #841 and # 941 have been repaired.	Roy Storie	04/15/2011	04/15/2011	
2. Fluorescent lighting in the maintenance department have been fitted with protective sleeves/guards.	Roy Storie	04/15/2011	04/15/2011	
3. Cord to battery charge unit in tool room repaired.	Roy Storie	04/15/2011	04/15/2011	
4. Missing knockouts to electrical boxes in the carpentry shop has been replaced.	Roy Storie	04/15/2011	04/15/2011	
5. Conduit for lights over cabinet in carpentry shop has been repaired.	Roy Storie	04/15/2011	04/15/2011	
6. Light removed from pedestal drill press in the welding shop and chuck return mechanism repaired.	Roy Storie	04/15/2011	04/15/2011	
7. Missing safety guards fabricated and installed on pedestal grinder in the weld shop.	Roy Storie	04/15/2011	04/15/2011	
8. Compressed gas cylinders reorganized and staked according to safety regulations. Barrier wall extended.	Roy Storie	04/15/2011	04/15/2011	

Finding1 : 8.02 H (D)				
<i>2 deficiency in the medical and food department</i>				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED	
1. Gas operated equipment in the Food Service Department has been bolted down or safety cables have been attached.	Roy Storie	04/15/2011	04/15/2011	
2. The emergency releases for the bakery vault have been refurbished or replaced.	Roy Storie	04/15/2011	04/15/2011	
3. Additional training has been given to UTMB medical personnel pertaining to the Sharps Cabinet.	Roy Storie	04/15/2011	04/15/2011	

ATTORNEYS EYES ONLY

Finding 2: 8.05H (B)				
<i>There are several fire drills missing in the second quarter, (Dec.-Feb. 2011)</i>				
<input checked="" type="checkbox"/> Agree <i>Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	The number of Fire Drills required per location and shifts have been met for the 3 rd quarter (March-May)	Roy Storie	05/31/2011	05/31/2011
2.				
3.				

Finding 3: 8.07H (B)				
<i>The unit is not recording temperatures as required from 06:30 a.m. to 06:30 p.m.</i>				
<input checked="" type="checkbox"/> Agree <i>Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	A hand held electronic temperature and humidity instrument will be used to take reading from 6:30 am – 6:30 pm. Two permanently mounted instruments will be purchased for future recordings.	Roy Storie	04/15/2011	04/15/2011
2.				
3.				

ATTORNEYS EYES ONLY

Unit: HuTCHINSDate: April 12, 2011

I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT

8. RISK MANAGEMENT
(Risk Management Program Manual)

NOTE: The following checklist items are NOT applicable to Offender Transportation: 8.01D; 8.04B; 8.07B; 8.11; 8.13; 8.14.

8.01H With regards to unit safety, fire safety, emergency response and risk management training, does the unit:
(RM-04) [ACA 4-4220M; ACA 4-4221M; 4-4455M]

- A. Provide initial unit orientation training for newly assigned staff (uniformed & non-uniformed that includes an overview of the unit Major Emergency Response Plan? YES NO N/A
- B. Provide all employees annual training in fire prevention, suppression and emergency evacuation procedures? YES NO N/A
- C. Risk Manager provide training to department supervisors regarding 'how to' conduct workplace fire and safety inspections? YES NO N/A
- D. Provide newly assigned offenders initial unit orientation information regarding basic safety responsibilities and procedures? YES NO N/A
- E. Risk Manager monitor departmental initial training activities for employees and offenders, to verify training is provided on proper job related safety responsibilities? YES NO N/A
- F. Risk Manager monitor departmental monthly safety training for employees and offenders, to verify one-hour of training is provided each month? YES NO N/A

COMMENTS:

D. D. MAKE CONDUCTS TRAINING
F. M. M. M. Community Sp. Comm. Security Food Service
NOT DOCUMENTING / 1 HR TRAINING EACH MONTH.

METHODOLOGY: All records reviewed must indicate training has been provided to staff and offenders. A. Review all new employee's training documentation for the previous 3-month period. Documentation must indicate that the training includes information on the entire Plan (beyond fire prevention, suppression, and evacuation). B. Review the unit's annual fire training documentation. C. Review supervisor training documentation for the previous 6-month period. D. Review 25% of the initial unit offender training documentation for offenders assigned to the unit for the previous 3 month period. E. Review documentation on file in the Unit Risk Manager's (URM) office and on file in all unit departments where offenders have work assignments. Review a total of 25% of the department records for assigned offenders (example: department has 88 assigned offenders, review 22 records). F. Review documentation on file in the URM's office and each individual department for the previous 3-month period.

8.02H Is there a comprehensive inspection program established, to include:
(RM-24) [ACA 4-4212M; ACA 4-4329M]

- A. Department supervisors conducting weekly inspections of their respective work areas and documenting deficiencies? YES NO N/A
- B. The URM conducting a monthly comprehensive inspection of the unit? YES NO N/A
- C. Risk Assessment Codes being issued to outstanding deficiencies? YES NO N/A
- D. No Risk Assessment codes of 1 or 2 deficiencies were identified during the inspections that were not previously documented? YES NO N/A

COMMENTS:

MAINT. Single Guards 841 + 991 Home Damaged
Service Cards
② Lights & Maint. Needs Guarding

METHODOLOGY: A. Review inspection documentation on file in the URM's office and in all departments for the previous 6-month period of the 26 weekly inspection documents reviewed in each department, not more than 2 weekly inspections can be missed, and these 2 weeks shall not be consecutive. B. Review the URM's documentation on monthly inspections for the previous 6-month period. C. Review documentation for the previous 6-month period and verify Administrative Directive 10.63 is appropriately utilized to validate severity of identified deficiencies. D. Using the Unit Risk Manager's inspection checklist as a guide, conduct a comprehensive inspection of the staff and offender work areas. Identify and document any deficiencies that are considered a Rac 1 or 2 according to A.D.-10.63. (Rac 1 is defined as Emergency - Imminent or likely death or imminent serious injury. Rac 2 is defined as Urgent - Possible death, likely

September 2010

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APPENDIX 1162

MCCOLLUM 07436

I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

and one functional exercise is conducted each year. Verify both tabletop exercises and full-scale simulations are evaluated in writing, to include recommendations for changes in procedures, equipment, and other similar items. F. Review the location where the Plan is maintained. Copies of specific sections of the Plan may be distributed to appropriate local authorities and any outside agencies or departments on a need-to-know basis.

8.05H With regards to fire protection, suppression and alarms, and staff responsibilities, does the unit:
(RM-05; RM-17; RM-22) [ACA 4-421IM, ACA 4-4220M, ACA 4-4221M]

- | | | | | |
|----|---|-----|----|-----|
| A. | Have either an operable automatic fire/smoke alarm system and/or approved 24-hour fire watch program? | YES | NO | N/A |
| B. | Inspect fire extinguishers monthly and annually, and service them as required? | YES | NO | N/A |
| C. | Have fire extinguishers properly distributed and available? | YES | NO | N/A |
| D. | Have emergency exit keys identifiable by sight and touch? | YES | NO | N/A |
| E. | Conduct fire drills at least quarterly in all areas/departments/buildings of the unit, including offender-housing areas? | YES | NO | N/A |
| F. | Ensure staff members are familiar with the fire plan, to include their responsibilities regarding emergency response and are the response times during emergency fire drills within established parameters? | YES | NO | N/A |
| G. | Have a written policy/procedure regarding an established Hot Work Permit program? | YES | NO | N/A |

COMMENTS: Several Fire Drills missing from Dec - Feb
Fire Drill in C-8 - 11 mins. to evacuate (10 min. for key to open door)

METHODOLOGY: A. Visually inspect the fire alarm panels to verify the system is functional. If the system is functional, verify that a 24 hour fire watch program is approved to be implemented within 4 hours in the event the system goes down. If the system is not functional review documentation of the 24-hour fire watch program for the previous 6 month period to verify staff members are properly documenting fire watches. Verify the 24-hour fire watch program has an approval letter from the Administrator of the Risk Management Program stating the plan has been accepted. B. During a walk-thru review of the unit, visually inspect all extinguishers for inspection and servicing dates. Of the extinguishers inspected, 97% must show evidence of monthly inspection documentation. C. Review placement and accessibility of fire extinguishers during walk-thru review. (Note: In correction/detention occupancies, fire extinguishers may be maintained in locked locations, as long as staff is knowledgeable of the location of the extinguishers and keys are readily available.) D. Visually inspect emergency keys and interview control picket/central control officer to verify they are knowledgeable of the location and identification of the emergency keys. E. Review documentation for the previous 6 month period and verify a drill has been conducted each security shift in each offender living area (building) at least once per quarter and at least quarterly in all other buildings/work areas. F. Interview 10 staff members (5 uniformed and 5 non-uniformed) to evaluate their knowledge of the fire plan, to include emergency evacuation. Conduct at least one fire drill in an offender living area and evaluate staff response times. Time parameters are: within 3 minutes of notification of the drill to central control, security supervisory staff is notified and emergency response to the affected area commences; and responding staff arrives within 3 minutes or less – prompt response; over 3 minutes, but not in excess of 13 minutes – slow response (noted as an Observation in Review Summary); more than 13 minutes – impractical (noted as a Finding). The drill is to be concluded when the responding staff members open the appropriate housing area emergency exit door. The emergency exit door shall be opened to verify its operability. (NOTE: Offenders need not be evacuated during the drill!) G. Review documentation for the previous 3-month period. Verify through interviews with Unit Maintenance staff and other departments where welding/grinding activities occur that they are aware of the requirements and procedures for obtaining Hot Work Permits.

I.

With regards to Work Safe Programs, does the unit have policies, procedures and practices that include:
(RM-19; RM-20; RM-23) [ACA 4-4455M]

- | | | | | |
|----|--|-----|----|-----|
| A. | A written lockout/tagout policy and procedure for the isolation of hazardous energy? | YES | NO | N/A |
| B. | The utilization of ground fault protection systems to protect staff and offenders from electrical shocks in wet areas (i.e., kitchen, boiler room, etc.)? | YES | NO | N/A |
| C. | The mandatory wearing of personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) in required areas, as well as adequate signage posted warning of the potential hazard? | YES | NO | N/A |
| D. | Department supervisors ensuring that personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) is provided to staff and offenders and that it is appropriate to protect the user? | YES | NO | N/A |
| E. | Department supervisors maintaining personal protective equipment in a sanitary and reliable condition? | YES | NO | N/A |

COMMENTS: _____

METHODOLOGY: All documentation and inspections must indicate the unit has established appropriate Work Safe Programs for all staff and offenders. A. Review unit lockout/tagout policy and procedure to verify it addresses the isolation of stored energy, use of lockout tags and devices and it is specific to the unit and identifies all departments. B. Interview URM and Unit Maintenance Supervisor to determine if the unit is provided with ground fault circuit interrupters (GFCI) and the Maintenance Department utilizes portable GFCI devices when performing work in wet areas. C. Verify the use of PPE and that signage is posted in all areas where the **mandatory** wearing of personal protection equipment (PPE) is required. PPE Definitions: Eyewear, safety shoes, steel toe boots, hard hats, hearing protection, and other types of specified PPE. D. Verify the availability and use of PPE, where it is appropriate and required. E. Visually inspect the physical condition of PPE.

8.07H With regards to temperature extremes in the work place, is:
(AD-10.64)

- A. Training for employees conducted each Spring covering hot weather and each Fall covering cold weather? YES NO N/A
- B. The URM monitoring unit compliance regarding temperature extremes in the workplace? YES NO N/A

COMMENTS: B. only Recording Tapes until 430 P.M.

METHODOLOGY: All records must indicate appropriate staff has received training and unit has an effective method of monitoring temperature extremes. A. Review most recent training documentation on file in the URM's office. Verify the unit medical department conducted the training and a medical practitioner has signed the training documentation. Verify a copy of the training documentation was forwarded to the Unit Human Resources Office and the original documentation is maintained in the Unit Medical Department. B. Review documentation (i.e., temperature logs and/or unit procedures) on temperature extremes for the previous 90-day period for completeness and verify appropriate action is taken to reduce temperature exposures during periods of heat and cold extremes. Verify the URM is monitoring temperature extreme compliance through documentation and signature (should not miss more than 9 days of temperature recordings [no more than 3 consecutive]).

ATTORNEYS EYES ONLY

**Texas Department of Criminal Justice
Correctional Institutional Division
Region II
INTER-OFFICE COMMUNICATION**

**To: Brian Collier
Deputy Executive Director**

Date: Feb. 6, 2012

**From: Robert J. Eason
Region II Director**

**Subject: Division Level Operational
Review Follow-Up:
Hutchins State Jail
April 2011**

INTRODUCTION:

A division level operational review at the Hutchins State Jail was conducted during April 2011. At that time, there were a total of 78 (15 high + 63 other) identified findings requiring corrective action. On November 9, 2011 a follow-up review was conducted and only four (4) remained unresolved.

On February 3, 2012, a Region-Level follow-up was conducted by the following staff: Tim Ault Region II Monitoring and Standards Coordinator, in the presence of Warden Pringle. At the time of the Region-Level follow-up the four findings were corrected.

FINDINGS WHICH REMAIN UNCORRECTED: None

SUMMARY:

Warden Pringle had taken the necessary steps to address the outstanding findings that could be corrected. Continued efforts to support and evaluate unit operations shall include unit visits by assistant regional directors, monitoring and standards coordinator and regional director.

**Copy: R.C. Thaler, CID Director
William Stephens, Deputy Director of Prison and Jail Operations
Jeff Pringle, Warden, Hutchins State Jail
Tommy Gattis, Monitoring and Standards
File**

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

§
§
§
§
§
§
§
§
§

CIVIL NO. 4:14-CV-3253

Exhibit 32

DECLARATION OF **DONNA LAVERELL**

"I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

"I am a custodian of records for the Plans and Operations Department within the Correctional Institutions Division, a part of the Texas Department of Criminal Justice ("TDCJ"). I have been requested to provide true and correct copies of the Offender Orientation Handbook in effect during 2011. Attached are true and correct copies of the responsive records which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

"My name is Donna Laverell and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct."

Executed in Walker County, State of Texas, on the 14 day of June, 2016.

A handwritten signature in cursive script, appearing to read "Donna Laverell", is written over a horizontal line.

Donna Laverell
Program Supervisor, Plans and Operations
Texas Department of Criminal Justice



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFENDER ORIENTATION HANDBOOK

as

Approved by the

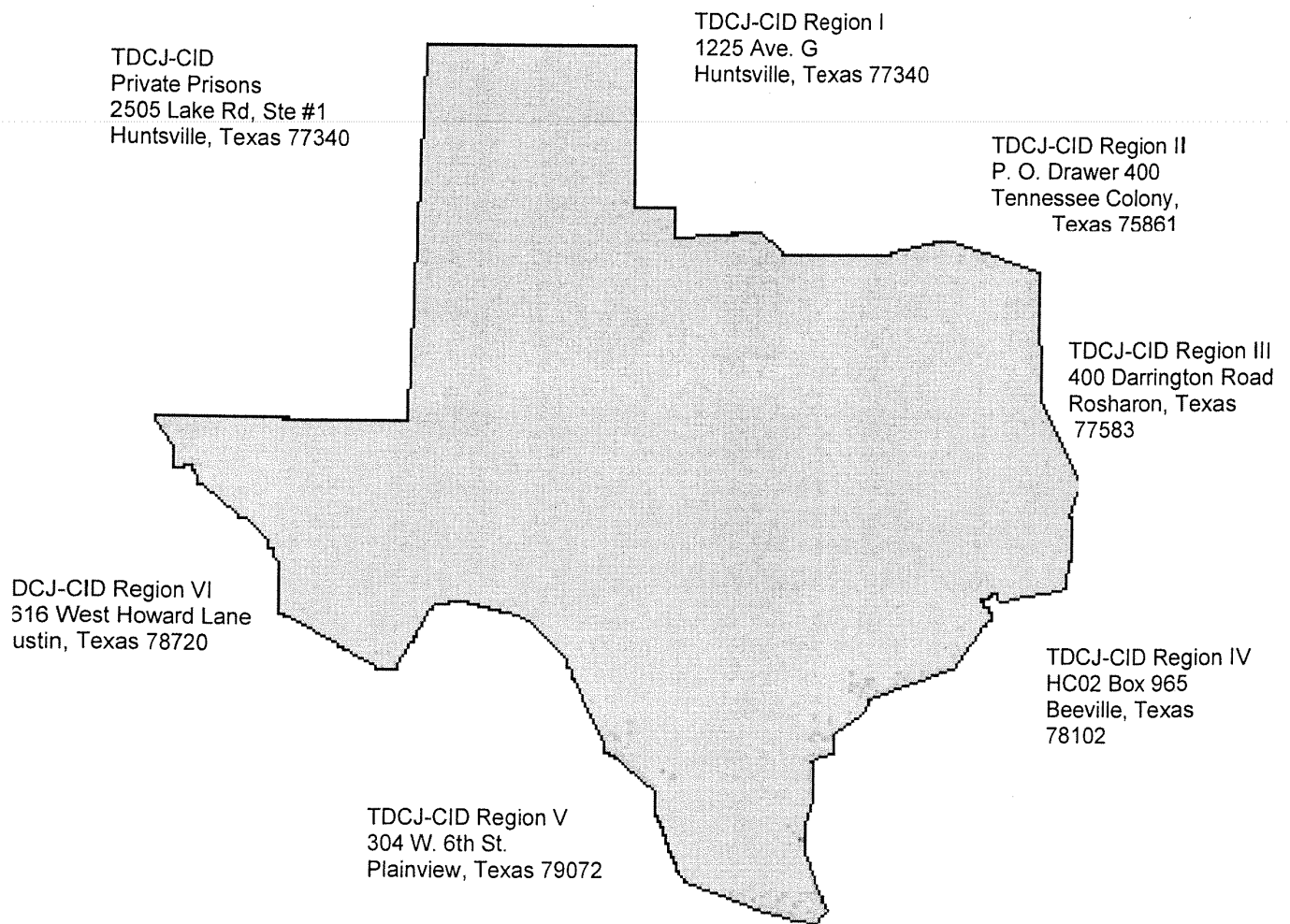
Director of the Texas Department of Criminal Justice, Correctional Institutions Division

Printed
November, 2004

I-202 (rev.11/04)

Texas Department of Criminal Justice

Regional Offices



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Briscoe 1459 W. Highway 85 Dilley, Tx. 78017-4601	Ellis Huntsville, Tx. 77343	Hightower 902 FM 686 Dayton, Tx. 77535	Lopez 1203 El Cibolo Rd. Edinburg, Tx. 78539
Byrd P.O. Box 100 Huntsville, Tx. 77342-0100	Estelle 264 FM 3478 Huntsville, Tx. 77320-3322	Hilltop 1500 State School Road Gatesville, Tx. 76598	Luther 1800 Luther Dr. Navasota, Tx. 77869
Central One Circle Drive Sugarland, Tx. 77478	Estes 1100 Highway 1807 Venus, Tx. 76084	Hobby 742 FM 712 Marlin, Tx. 76661-4685	Lychner 2350 Atascocita Road Humble, Tx. 77396
Clemens 11034 Hwy 36 Brazoria, Tx. 77422	Ferguson 12120 Savage Dr. Midway, Tx. 75852-3654	Hodge P.O. Box 999 Rusk, Tx. 75785	Lynaugh 1098 S. Highway 2037 Fort Stockton, Tx. 79735
Clements 9601 Spur 591 Amarillo, Tx. 79107-9606	Formby 970 County Rd. AA Plainview, Tx. 79072	Holliday 295 IH 45N Huntsville, Tx. 77340-4968	McConnell 3001 S. Emily Drive Beeville, Tx. 78102
Cleveland P.O. Box 1678 Cleveland, Tx. 77328	Fort Stockton 1500 IH 10 East Fort Stockton, Tx. 79735	Hospital Galveston P.O. Box 48, Sub St. 1 Galveston, Tx. 77550	Michael P.O. Box 4500 Tennessee Colony, Tx. 75886
Coffield Route 1, Box 150 Tennessee Colony, Tx. 75884	Garza East HC02, Box 985 Beeville, Tx. 78102	Hughes Route 2, Box 4400 Gatesville, Tx. 76597	Middleton 13055 FM 3522 Abilene, Tx. 79601
Cole 3801 Silo Road Bonham, Tx. 75418	Garza West HC02, Box 995 Beeville, Tx. 78102	Huntsville 815 12 th Street Huntsville, Tx. 77342-0099	Montford 8602 Peach Street Lubbock, Tx. 79404
Connally 899 FM 632 Kenedy, Tx. 78119	Gatesville 1401 State School Road Gatesville, Tx. 76599-2999	Hutchins 1500 East Langdon Road Dallas, Tx. 75241	B. Moore 8500 North FM 3053 Overton, Tx. 75684
Cotulla HC62, Box 100 Cotulla, Tx. 78014	Gist 3295 FM 3514 Beaumont, Tx. 77705	Jester I, III, IV Route 2 Richmond, Tx. 77469	C. Moore 1700 N. FM 87 Bonham, Tx. 75418
Dalhart HCR 4, Box 4000 Dalhart, Tx. 79022	Glossbrenner 623 S. FM 1329 San Diego, Tx. 78384	Johnston 703 Airport Road Winnsboro, Tx. 75494	Mountain View 2305 Ransom Rd. Gatesville, Tx. 76528

Facilities Within the Texas Department of Criminal Justice

Murray
1916 N. Hwy 36 Bypass
Gatesville, Tx. 76528

Neal
9055 Spur 591
Amarillo, Tx. 79107-9696

Ney
114 Private Road 4303
Hondo, Tx. 78861

Pack
2400 Wallace Pack
Navasota, Tx. 77869

Plane
904 FM 686
Dayton, Tx. 77535

Polunsky
3872 FM 350
Livingston, Tx. 77351

Powledge
Route 2, Box 2250
Palestine, Tx. 75882

Ramsey I
1100 FM 655
Rosharon, Tx. 77583

Ramsey II
1200 FM 655
Rosharon, Tx. 77583

Roach
15845 FM 164
Childress, Tx. 79201

Robertson
12071 FM 3522
Abilene, Tx. 79601

Rudd
2004 Lamesa Highway
Borwnfield, Tx. 79316

Sanchez
3901 State Jail Road
El Paso, Tx. 79938

Sayle
4176 FM 1800
Breckenridge, TX 76424

Scott
Route 5, Box 1500
Angleton, Tx. 77515

Segovia
1201 E. Cibolo Road
Edinburg, Tx. 78539

Skyview
P. O. Box 999
Rusk, Tx. 75785

Smith
1313 County Rd 19
Lamesa, Tx. 79331

Stevenson
1525 FM 766
Cuero, Tx. 77954

Stiles
3060 FM 3514
Beaumont, Tx. 77705

Telford
P.O. Box 9200
New Boston, Tx. 75570

Terrell
1300 FM 655
Rosharon, Tx. 77583

**Carol S. Young Medical
Facility Complex**
Route 4, Box 1174
Dickinson, Tx. 77539

Torres
125 Private Road #4303
Hondo, Tx. 78861

Travis County
8101 FM 969
Austin, Tx. 78724

Tulia
4000 Hwy 86 West
Tulia, Tx. 79088

Vance
Route 2
Richmond, Tx. 77469

Wallace
P.O. Box 2000
Colorado City, Tx. 79512

Ware
P.O. Box 2500
Colorado City, Tx. 79512

Wheeler
4300 E. Fifth Street
Plainview, Tx. 79072

Willacy County
1695 South Buffalo Drive
Raymondville, Tx. 78580

Woodman
1210 Coryell Road
Gatesville, Tx. 76528

Wynne
Huntsville, Tx. 77349

ADOPTION OF ORIENTATION HANDBOOK

This handbook contains general information and rules adopted by the Director of the Texas Department of Criminal Justice Correctional Institutions Division (TDCJ-CID).

TEXAS DEPARTMENT OF CRIMINAL JUSTICE MISSION STATEMENT

The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.

Board of Criminal Justice

The Board of Criminal Justice is made up of nine (9) unpaid citizens. They are appointed by the Governor of Texas. The Board helps the Department to plan, budget and make policy.

Management

The Executive Director of the Texas Department of Criminal Justice appoints the Director and Deputy Directors of the Correctional Institutions Division. These directors guide the day-to-day operation and management of the TDCJ-CID.

GENERAL INFORMATION CONCERNING THIS HANDBOOK

This handbook is designed to provide the offender population with general information along with a standard for acceptable behavior. Offenders who do not conduct themselves in an acceptable manner could be charged with a specific disciplinary offense. The disciplinary offenses are listed in the **TDCJ Disciplinary Rules and Procedures for Offenders Handbook**. The standards for acceptable behavior by offenders listed in this handbook apply to all offenders. The conditions in administrative segregation/special management or disciplinary status may vary from those of general population offenders.

Upon entering the TDCJ, offenders will be provided with a current copy of the Offender Orientation Handbook. Offenders currently incarcerated within the TDCJ will have access to revised copies when revisions to the Handbook are made. Handbooks written in Spanish will be given to offenders whose primary language is Spanish. Rules will be explained to offenders who cannot read them and to offenders whose primary language is neither English nor Spanish.

All offenders confined within a facility of the Texas Department of Criminal Justice are responsible for understanding and abiding by the rules, regulations and policies detailed in the handbook as well as other policies and procedures posted on their facility of assignment. Failure to do so may result in disciplinary action.

For purposes of this handbook, the terms "he", "his" and "him" refer to all offenders, both male and female.

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CHAPTER 1

OFFENDER ACCESS TO SERVICES AND STANDARDS FOR BEHAVIOR

I. RECEPTION AND DIAGNOSTIC PROCESS

All offenders in the TDCJ are received either at a transfer facility, a reception diagnostic facility, a state jail intake facility or a SAFP intake facility. These facilities are equipped to receive and process offenders admitted to the agency's custody. Offenders who speak little or no English will be identified and will receive the necessary type of language assistance while in the Diagnostic Process and later when assigned to a unit.

A. Receiving and Screening

Offenders will be searched upon arriving at a TDCJ facility. A receipt will be completed for each offender's money and property. Medical care will be given, if considered urgent. Offenders will be housed according to security needs. State clothing will be issued; haircuts and showers provided.

B. Photographs and Fingerprints

Each offender will go to the Photograph and Identification Department where he will be:

1. photographed,
2. fingerprinted,
3. examined for any identifying scars, marks, or tattoos, and
4. interviewed to obtain basic information.

The fingerprints will be sent to the FBI and the Texas Department of Public Safety (DPS). The Photograph and Identification process helps identify every offender to make sure no one is admitted or released illegally, and creates the state-issued identification card that each offender is required to carry.

C. Physical Examination

Offenders will be given a physical examination by medical and dental staff. The medical and dental staff will ask each offender about his medical history. The medical and dental staff will use the results of the examination to determine the special needs, if any, of an offender. The special medical needs of an offender will be taken into consideration during the classification process.

D. Mental Health Screening

Each offender will undergo an initial psychological screening. If during this process it is determined there may be special needs, the offender will be referred for further evaluation. (This process is not used on SAFP intake facilities.)

E. Americans with Disabilities Act (ADA)

It is the intent of the Texas Department of Criminal Justice to comply with the Americans with Disabilities Act (ADA). Offenders are hereby advised of their responsibility to report a disability. ADA related complaints should be addressed through the Offender Grievance Procedure. ADA related complaints could also be voiced on an I-60 to the Unit Warden.

F. Orientation

An orientation is provided to all new offenders and is provided in Spanish to those offenders who require it. The orientation will cover the following:

- | | |
|---|--|
| 1. Policies, rules, and standards of behavior | 10. Mail and visitation rules |
| 2. Programs | 11. Recreation and leisure activities |
| 3. Educational services | 12. Medical, dental and psychological services |
| 4. Offender grievance procedures | 13. Access to courts, counsel and public officials rules |
| 5. Classification procedures | 14. Safe prisons program |
| 6. Disciplinary procedures | 15. Orchiectomy services |
| 7. Food service | 16. Other offender activities and programs |
| 8. Offender records | |
| 9. Commissary and offender accounts | |

G. Testing and Assessment

All offenders will be tested to determine educational, psychological, and substance abuse treatment needs, except on SAFF intake facilities.

H. Sociological I and II Interviews

During sociological interviews, offenders will be asked questions about their:

1. criminal history
2. social history
3. institutional history
4. educational history
5. employment history
6. family history
7. military history
8. drug and/or alcohol histories
9. any other pertinent information.

Offenders will be interviewed to verify information in their records. Offenders may be punished through the disciplinary process for giving false information during interviews. A summary of all information collected on each offender will be used to help in the classification process.

Sociology II interviews are not completed on SAFF intake facilities.

- Be assigned to TDCJ at least six (6) months prior to submitting a request for craft shop participation,
- Have a clear disciplinary record for the prior six (6) month period (no major or minor disciplinary case convictions),
- Have a job assignment (except for offenders who are medically unassigned), and
- Have sufficient funds on deposit with the Offender Trust Fund to make initial purchase of supplies/materials as follows:

Required start-up funds:

- | | |
|--------------------|---------------------|
| ▪ Basic Arts: | Minimum of \$ 25.00 |
| ▪ Woodworking: | Minimum of \$ 50.00 |
| ▪ Leather working: | Minimum of \$100.00 |
| ▪ Jewelry: | Minimum of \$100.00 |
| ▪ Other crafts: | Minimum of \$ 25.00 |

Offenders must satisfy the above criteria before submitting an I-60 request to participate in the unit craft shop program and be approved by the Warden or his designee.

Advanced in-cell piddling programs exist at the Warden's discretion. Advanced in-cell offenders must meet the above rules in order to participate in the craft shop program.

The Craft shop program is a privilege. The Warden may take away an offender's piddling privileges at any time.

4. In-Cell Art

All offenders who are eligible for commissary purchases may purchase basic art supplies from the commissary for use in their cells. Once purchased, basic art items shall be considered personal property with the appropriate restrictions applied regarding storage and use. The following provisions also apply:

- The sale of any artwork from the in-cell basic art program is prohibited.
- Basic art items purchased by an offender for in-cell artwork shall be used for recreational purposes only.
- When an offender has abused the privileges extended with the in-cell basic art program, his privileges may be restricted in accordance with TDCJ disciplinary rules and procedures.

C. Health Services

Health care is provided for offenders who have medical, dental, psychiatric and psychological problems. Also, physically handicapped offenders receive services through the Physically Handicapped Offender Program.

1. Medical Services

The health needs of each offender are assessed when he/she enters prison. Basic medical services including emergency care, sick call and ongoing care for chronic illness are offered at each unit. Licensed medical professionals provide health care. Offenders who need special care may be sent to a unit, which

provides the specific service(s), needed. Offenders needing hospital care are sent to the TDCJ Hospital at Galveston or to other hospitals which serve TDCJ.

Offenders who have trouble seeing, hearing, speaking or walking can get help from Medical Services. Their problems are assessed and care is provided if needed. All offenders may access the medical department by submitting a sick call request slip or by direct request to a security officer or supervisor. In accordance with state law, if a visit to a TDCJ facility health clinic meets offender health care co-payment criteria, a \$3.00 co-payment fee will be charged. Access to health services will be provided regardless of the offenders' ability to pay this fee. Specific details on unit procedures will be provided at unit orientations and will also be provided in writing. In the event of an emergency, offenders may request a correctional officer or supervisor to contact the medical department on their behalf. The medical department staff will provide direction as to disposition based on their clinical judgment.

2. Dental Services

All offenders may ask for dental care. Offenders can use the Sick Call Request form to ask for an appointment. The Sick call request slip can be found in the housing areas. The dentist decides who needs treatment and when treatment should be given. The most pressing needs are treated first. Swelling, pain, or infection is urgent. Filling a small cavity or just cleaning teeth is not urgent. An offender with these problems may have to wait to be treated.

Offenders are given a toothbrush and tooth powder at the Reception and Diagnostic Centers. When they get to their unit of assignment, they will be given information about oral hygiene aids available. Offenders will get instructions on how to keep their teeth and gums in healthy condition. Offenders must be able to demonstrate that they can keep their teeth and gums healthy before receiving dental care other than emergency or urgent dental care.

The type of dental care offered includes:

- a. examination
- b. X-ray
- c. cleaning
- d. dental care and health education
- e. silver and tooth-colored fillings
- f. stainless steel temporary crowns
- g. pulling of teeth and oral surgery

Dental services **NOT** provided include:

- a. gold or porcelain crowns or bridges
- b. braces
- c. dentures (unless there is a severe medical condition requiring them)

3. Pharmacy Services

Medicine may be obtained at the pill window or the commissary. Prescriptions may be picked up at the pill window after 24 hours. The offender will need his ID card to get medicine at the pill window. Some prescriptions may take longer to arrive. The person at the pill window can answer questions about the medication.

Offenders are allowed to carry some medications on their persons, as determined by the prescribing doctor. The offender may be given the entire card of medication to be locked up with his personal belongings.

Medication such as vitamins and some over-the-counter medicine can be purchased in the commissary. The commissary officer can help offenders to know what medicines are sold there.

4. Psychiatric and Psychological Services

Psychiatrists, psychologists, nurses, and other trained professionals are available to help with mental health issues. Offenders can use form I-60 to ask for mental health services. For immediate assistance, offenders may contact a correctional officer or supervisor who will notify the mental health or medical department.

An offender may be sent to a special Psychiatric Center unit if his problems are severe. Trained staff can help an offender with these problems to get well.

Mental Health Services provides the following:

- Evaluates offenders for potential mental health problems.
- Diagnoses mental illness and determines which method(s) of treatment will be most effective and beneficial to offenders.
- Provides access to mental health services for offenders who send a sick call request (SCR) or an I-60. Access to services will include crisis intervention. Access to services may include "follow-up" appointments.
- Provides treatment to mentally ill offenders. This may or may not include medication.
- Ensures confidentiality, but recognizes its limits within the prison.

Mental Health Staff cannot:

- Approve, authorize or make telephone calls for offenders.
- Change custody levels, line classes, etc.
- Run the unit or judge unit operations or employees.
- Tolerate threats. Offenders are responsible for their own behavior.

5. Mentally Retarded Offender Program

The Mentally Retarded Offender Program helps offenders with severe learning problems. Test scores and other information help staff decide who needs this special help. Offenders learn to read and do math. They learn to work and to live with other people. Services include:

- a. case management
- b. basic school work
- c. job training
- d. psychological help
- e. counseling
- f. recreation and
- g. work opportunities

Offenders who need this type of help are also assisted with finding these services in the freeworld when they are released.

6. Complaints about Medical Services

Any offender who feels that he/she did not receive medical care that is necessary and appropriate should contact the treating professional at their unit of assignment. If the offender is unsatisfied with the response from the treating professional, each facility has an informal complaints process in place. The offender should submit an I-60 and/or letter to the facility based complaint coordinator, who is the facility Health Administrator. If the offender continues to be dissatisfied with the response from this process, the offender has the option of filing a grievance (I-27) through the Offender Grievance Process.

*As of September 1, 2004, the Patient Liaison Program was removed as an avenue for offenders to contact concerning their dissatisfaction with medical services.

D. Substance Abuse Treatment

The Substance Abuse Treatment Program provides assessment and chemical dependency treatment service to offenders incarcerated in both state prisons and state jails.

1. Intensive treatment is provided on prison units located strategically throughout the state. Intensive treatment is facilitated by the Therapeutic Communities that include cognitive and behavior therapy, twelve step programs, and secular recovery programs. These are available to assist offenders in living a sober and responsible lifestyle.
 - a. There are two types of intensive therapeutic community programs.
 - (1) LeBlanc and Hamilton Units offer programs that are approximately 6 months in duration. These are pre-release programs designed to help chemically dependent offenders with their recovery and reentry to the community. The Parole Board determines which offenders attend these programs.
 - (2) There is also an In-Prison Therapeutic Community Program for males at the Kyle Unit and for females at the Halbert Unit. These use the same treatment principles as the pre-release programs. Offenders with a FI-5 vote from the Parole Board may be placed in these programs.
2. Offenders in State Jail or State Prison units generally may attend self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, or Secular Organization for Sobriety.

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

§
§
§
§
§
§
§
§
§

CIVIL NO. 4:14-CV-3253

Exhibit 33

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

STEPHEN McCOLLUM, STEPHANIE
KINGREY, and SANDRA McCOLLUM,
individually and as heirs at law to the Estate of
LARRY GENE McCOLLUM.

PLAINTIFFS

v.

BRAD LIVINGSTON, JEFF PRINGLE, and
TEXAS DEPARTMENT OF CRIMINAL
JUSTICE.

DEFENDANTS

CIVIL ACTION NO. 3:12-CV-2037-L

AFFIDAVIT FOR AUTHENTICATION OF MEDICAL RECORDS

RECORDS PERTAINING TO: Larry McCollum; DOB: 04/04/1953

RECORDS REQUESTED: ANY & ALL MEDICAL RECORDS, including but not limited to, history & physical, diagnoses, prognoses, any and all radiological reports, consultations, operative reports, office records, clinic records, therapy records, E.R. records, progress notes, narratives, discharge summary, notes (including handwritten notes by doctors or other staff member), tests, test results, rehabilitation records, memoranda and correspondence pertaining to:

Before me, the undersigned authority, personally appeared ELLA ROMANO, who being by me duly sworn, deposed as follows:

"My name is ELLA ROMANO. I am over 18 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of records, and as such, I am the custodian of the records of Hutchins Fire Department - EMS.

The records attached to this affidavit, consisting of 5 pages 0 films were made and kept by Hutchins Fire Department - EMS in the regular course of business. It was in the regular course of that business, for an employee, or representative, with knowledge of the acts, events, conditions, opinions, or diagnoses recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are exact duplicates of the originals."

AFFIANT (Custodian of Records)

Sworn to and subscribed before me this 18 day of JUNE, 2013.

My commission expires: 5/15/15

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Marisol Bridgemohan
Commission # EE094079
Expires: MAY 15, 2015
BONDED THRU ATLANTIC BONDING CO., INC



City of Hutchins
321 North Main St.
HUTCHINS, TX 75141
972-225-3311

AMBULANCE RECORD

6778032 (wpharvill)
Page 1 of 5

Trip Information

Incident#: 11-573	Date 07-22-2011	Station Station 1	Responding Unit Medic 701
----------------------	--------------------	----------------------	------------------------------

Branch

Dispatched As Convulsions/Seizure	Found To Be Convulsions/Seizure	Patient Disposition Transport and treatment
--------------------------------------	------------------------------------	--

Department Directive

Dispatched 03:05	Enroute 03:09	Amb On Loc 03:12	Pt Contact 03:23	Depart Loc 03:36	Arrive Hosp 03:54	In Service 04:21
---------------------	------------------	---------------------	---------------------	---------------------	----------------------	---------------------

Pickup

Hutchins State Jail
1101 E. Langdon
HUTCHINS, TX 75141

Destination

Parkland Hospital East ER
5201 Harry Hines
DALLAS, TX 75235

Response To Scene	Response From Scene	Lights & Sirens
Map Page	Miles Transported	15.00
County	County	DALLAS
Number of Patients Transported		1

Patient Information

Patient Name McCollum, Larry	TDCJ# 1721640	Gender Male	Ethnicity
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Patient Residence

1101 E. Langdon
HUTCHINS TX 75141

Date of Birth

01-01-1900
(111 YO)

DL

TEXAS

Phone (H)

Phone (W)

Height
6' 0"

Weight
400.00 lbs

SSN

Patient Information

Allergies	Unknown
Medications	Unknown
History	Unknown
Chief Complaint	Convulsions/Seizure

Cardiac

Cardiac Arrest
No

Etiology

Resuscitation Attempt

Initial Patient Assessment

An ALS Assessment was Performed and Warranted

LOC AAOx1	BP 136/108	SpO2 80% RA	ETCO2	
Breath Sounds Upper Left: Clear Right: Clear	Breath Sounds Lower Left: Clear Right: Clear		Resp Rate 14	Pulses Left: Radial Right: Radial
Pulse Rate 127	Pupils Left: PERRL Right: PERRL	Capillary Refill Instant		
Skin Color Pale	Skin Moisture Wet	Skin Temp Hot	Skin Appearance	
Blood Glucose 200 mg/dL				

Glasgow Coma Score

GCS Total 8	Eye Opening	Verbal Response	Motor Response	RTS 10
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Electronically Signed

Harvill, William P (EMT-P) Pressler, Terry D (EMT-P)
Crew #1 Crew #2

Patient Name: McCollum, Larry | Incident Date: 07-22-2011

APPENDIX 1186

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